



# State of New Hampshire 2014 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2014

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 05/05/2014

Business ID: 445935

William M. Gardner

Secretary of State

FORCIER CONTRACTING AND BUILDING SERVICES INC.

32 WILLIAMS STREET  
NASHUA, NH 03060

ADDRESS OF PRINCIPAL OFFICE:

32 WILLIAMS STREET  
NASHUA, NH 03060

REGISTERED AGENT AND OFFICE:

FORCIER, JOHN  
32 WILLIAMS ST  
NASHUA, NH 03060

ENTITY TYPE: CORPORATION

BUSINESS ID: 445935

STATE OF DOMICILE: NEW HAMPSHIRE

Contracting

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

V-PRES. Michael R Forcier

STREET 89 Gillis Street

CITY/STATE/ZIP Nashua Nh 03060

PRES. John M Forcier

STREET 32 Williams St

CITY/STATE/ZIP Nashua Nh 03060

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Michael R Forcier

STREET 89 Gillis Street

CITY/STATE/ZIP Nashua Nh 03060

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.

I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

JOHN M FORCIER

Please print name and title of signer:

JOHN M FORCIER

/

PRESIDENT

NAME

TITLE

FEE DUE: \$150.00

E-MAIL ADDRESS (OPTIONAL):



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WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

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